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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Cochise</u>	BUREAU OF VITAL STATISTICS	State Index - - - No. <u>43</u>
District	<u>Benson</u>	ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. <u>386</u>
Town or City	<u>Pomerene</u>	No. _____	Local Registrar's - No. _____
2. FULL NAME <u>Harold Cluff</u>		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(a) Residence. No. _____	(Usual place of abode)	St. _____	Ward _____
Length of residence in city or town where death occurred <u>2</u> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
<u>Male</u>	<u>White</u>	<u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>Apr 28, 1921</u>			
7. AGE	Years	Months	Days
<u>3</u>	<u>3</u>	<u>9</u>	<u>9</u>
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Child</u>			
(b) General nature of industry, business or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Douglas</u>			
(State or country) <u>Arizona</u>			
10. NAME OF FATHER <u>David M. Cluff</u>			
11. BIRTHPLACE OF FATHER <u>Central</u>			
(city or town) <u>Arizona</u>			
12. MAIDEN NAME OF MOTHER <u>Mary H. Porter</u>			
13. BIRTHPLACE OF MOTHER <u>Mortonsville</u>			
(State or country) <u>Utah</u>			
14. Informant (Address) <u>David M. Cluff</u>			
15. Filed <u>July 31, 1924</u> <u>J. H. Morrison</u> Local Registrar.			
Filed <u>8-8</u> , 1924 <u>R. D. Ruffles</u> County Registrar.			
V. S. No. 1			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>July 30, 1924</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>July 26</u> , 1924 to <u>July 30</u> , 1924.			
that I last saw him alive on <u>July 30</u> , 1924.			
and that death occurred, on the date stated above, at <u>4</u> P. M.			
The CAUSE OF DEATH was as follows: <u>Scarlet fever</u>			
(duration) yrs. mos. ds. <u>5</u> ds.			
CONTRIBUTORY <u>Occurring</u> <u>Bowel</u>			
(Secondary) (duration) yrs. mos. ds. <u>3</u> ds.			
18. Where was disease contracted if not at place of death? _____			
Did an operation precede death? _____ Date of _____			
Was there an autopsy? _____			
What test confirmed diagnosis? _____			
(Signed) <u>J. H. Morrison</u> , M. D.			
July 31, 1924 (Address) <u>Benson</u>			
State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL		DATE OF BURIAL	
20. UNDERTAKER		ADDRESS	